North Carolina Department of Health and Human Services

BLUEPRINT FOR CHANGE

Division of Mental Health, Developmental Disabilities and Substance Abuse Services

North Carolina's plan for mental health, developmental disabilities and substance abuse services

State Plan 2003

State Plan 2003

State Plan 2003

State Plan 2003

State Plan 2003

State Plan 2003

Table of Contents

Executive Summary 5

Target Populations 6
Adults with Severe/Persistent or Severe Mental Illness 6
Children with Serious Emotional Disturbance 7
People with Developmental Disabilities 7
People with or At Risk for Addiction Disorders 7

Prevention 7

Local systems of treatment, services, supports 7

Implementing the Reform 8
SFY 03/04 1st Quarter (July 1, 2003 Through September 30, 2003) 9
SFY 03/04 3rd Quarter (January 1, 2004 Through March 31, 2004) 9

Introduction 10

Chapter 1: Foundation of Reform 11

Overview 12

Changing Times 12
Public Policy and Systems Direction 13
Public Policy and Key Challenges 14
Public Policy and a View of People 15
United States Reform History: 1990 – Present 16
North Carolina Reform History: 1990 – Present 18

Mission, Principles, Vision 20
Mission 20
Guiding Principles 21
Vision 21

Managing the Challenges of Change 22
Investing for Success 22
Managing Finite Resources 23
No Wrong Door 23
Commit to Quality 23
Change Attitudes 23
Building Partnerships 23

Chapter 2: The Citizens We Support and Serve 25

Embracing Diversity 26

Co-occurring Disorders 29

Adult Mental Health 30
Adult Mental Health Target Populations for Community Services 30
Priority Populations within Target Populations (This is an all inclusive list.) 33
Adult Mental Health Target Populations for State Hospitals 33
Adult Mental Health Target Populations the NC Special Care Center 34

Child Mental Health 34

Developmental Disabilities 37
Developmental Disabilities Target Population for Community Services 38

Substance Abuse 38
Substance Abuse Target Population 39
Adult Substance Abuse 39
Child and Adolescent Substance Abuse....42
Priorities within Target Populations 45
Persons with Substance Abuse and Mental Illness 45

Chapter 3: Supporting and Serving Our Citizens 46

Person-Centered Planning 46
Process....46
Real life outcomes 47
Strategies....47

Case Management 48
Advocacy and community related....50

Adult Mental Health – Best Practice....50
Foundation: Recovery Oriented Supports and Services....50
Best Practice Supports and Services 52
Other Critical Areas 58

Child Mental Health – Best Practice....59
Foundation: Systems of Care 59
Best Practices in Comprehensive Community-Based Support and Services....60
Family-Centered Wraparound Approaches as a Unifying Model....61
Service and Support Structures....62
Standards of Care....63
Best Practice Supports and Services 65
Other Critical Areas 73

Developmental Disabilities – Best Practice 74
Foundation: Self-determination....75
Best Practice Supports and Services 75

Substance Abuse – Best Practice 78
Foundation: Recovery....78
Clinical Protocols 79
Principles of Effective Substance Abuse Service 79
What is a Best Practice?....82
Target Populations and Best Practice Supports and Services 83

Prevention 93

Chapter 4: Local Systems Supporting and Serving our Citizens and Communities. 95

Key Systems Characteristics....95
Cultural Proficiency....95
Consumer Driven....95
Consumer Friendly 96
Community Benefit 96
Public Accountability....97

Local Consumer and Family Advisory Committees....98

CFAC Guidelines *99*
History: Selection of Membership *100*
LME-Pre/Post Certification *100*
LME-Post Certification *100*

Local Management Entities 101
General Administration and Governance *101*
Business Management and Accounting *102*
Information Management Analysis and Reporting *102*
Provider Relations and Support *103*
Access Line, Screening, Triage, and Referral *105*
Service/Systems Management *106*
Consumer Affairs and Customer Services *108*
Quality Improvement and Outcomes Evaluation *110*

Providers and Networks 114
Adult Mental Health *116*
Child Mental Health *118*
Developmental Disabilities *121*
Substance Abuse *122*

Systems Development: Critical Areas of Concentration 123
Housing *124*
Community Hospitals *125*
Physical Health *126*

Chapter 5: State System Supporting and Serving Our Citizens and Communities. 128

State-Consumer and Family Advisory Committee (S-CFAC) 128
S-CFAC Purpose and Work Plan *129*
S-CFAC Membership *130*
Term of Office *131*
Member Selection *131*
Times, Dates and Places of Meetings *132*
Support to Consumer/Family Members to Ensure Meaningful Participation *132*
S-CFAC Reporting Process *133*

Division of Mental Health, Developmental Disabilities and Substance Abuse Services Organization 133
Advocacy and Customer Services *133*
Community Policy Management *134*
Resource and Regulatory Management *135*
State-Operated Services *135*
Administrative Support *136*

Chapter 6: Operationalizing the Plan 138

Managing the Challenges of Change: The Citizens We Support and Serve 141
Target and Non-Target Populations *141*

Managing the Challenges of Change: Supporting and Serving our Citizens 143
Clinical Supports and Services *143*
Administrative Services and Support *146*

Managing the Challenges of Change: State and Community Systems Working Together 151
Partnering with Consumers and Families *151*

State-Local Public Partnership *153*
Public-Private Partnership *154*

Appendix A: Best Practice Resources **155**
Adult Mental Health Resources *156*
Child Mental Health Resources *157*
Developmental Disabilities Resources *158*
Substance Abuse Resources *159*

Appendix B: LME/ CFAC Relational Agreement **163**

Appendix C: NCDHHS-DMHDDSAS ORGANIZATIONAL STRUCTURE **167**

Appendix E: LME Providing Direct Services **174**
Service Divestiture Options *175*

Executive Summary

Efforts to implement reform of North Carolina's public system for people with mental illness, developmental disabilities and addiction disorders began with State Plan 2001. The complete third annual issue of the Plan is available on the internet at: http://www.dhhs.state.nc.us/mhddsas/.

The Plan is expected to change over time as we learn more about implementing it and as we respond to recommendations from citizens throughout the state. However, the Plan's main philosophy and goals remain the same, as do its main themes:

- People with disabilities are full citizens and should have the same opportunities as other citizens to live meaningful and satisfying lives in communities of their choice.
- People with disabilities must be included in decision making and carefully listened to in order to make sure they are integrated more fully in their communities and that needed services and supports are available. Each community must support a local group, a Consumer and Family Advisory Committee, made up of only consumers and families that participates in and reviews all aspects of the public system of services/supports.
- Consumers and their families should be able to choose among service providers.
- The system must properly serve and support people at risk, minority/ethnic groups traditionally underserved and people with more than one disorder.
- The state's limited resources are to be focused on serving and supporting people with the most severe disabilities in communities rather than state facilities.
- People receiving services and supports who are not in a target population (people considered to have the most severe disabilities) will be helped to find other resources.
- Practices that show positive outcomes for people with disabilities must be continued and those that don't show positive outcomes must be stopped.
- Person-centered planning, the individual is in charge of a planning process to decide on real life outcomes he/she wants and to determine ways to achieve these outcomes, is at the heart of reform efforts.
- People in state facilities who can be supported in communities need to move to communities.
- There will be a consistent statewide process for entering and leaving public services and supports.
- There must be continuous improvement in the quality of services and supports provided.

Target Populations

Adults with Severe/Persistent or Severe Mental Illness

Recovery means that the individual gains a positive sense of self and positive outlook for the future (hope). It also includes focus on strengths, empowerment, self-determination and meaningful work and roles in life. Priority services are medication management, illness self-management, integrated

treatment/supports for dual disorders, supported employment, family education and assertive community treatment.

Children with Serious Emotional Disturbance

The focus is on helping children and adolescents "enjoy a positive quality of life; meet developmental milestones; function well at home, in school, and in their communities; and (that they) are free of disabling symptoms of psychopathology (Hoagwood et. al. 1996)". Services/supports must be community-based and comprehensive and developed and provided within a family-centered and strengths-based orientation. Community agencies, private providers, family members and advocates are expected to work together to support local child and family teams and to hold each other accountable for outcomes.

People with Developmental Disabilities

Focus is on people who are most impacted by their disabilities. Self-determination is the philosophy and set of principles that must guide practice. Self-determination includes the freedom to develop a personal life plan; authority to control a targeted amount of money as a resource for implementing a plan; support for obtaining personal goals; responsibility for contributing to the person's community and for using public dollars wisely.

People with or At Risk for Addiction Disorders

This group includes people at risk for addiction disorders and those found eligible for services according to the American Society of Addiction Medicine (ASAM). Focus is on recovery. Recovery involves a process of restoring or developing a positive and meaningful sense of identity apart from addiction (and other disorders) and rebuilding a life despite or within limitations imposed by the disorder(s). Again, services and supports must be person-centered, that is influenced and driven by the individual, and they must produce real life and positive outcomes.

Prevention

More and more is being learned about how to effectively prevent certain disabilities. Focusing on prevention efforts alongside treatment, services and supports is a key expectation in system reform. Teaching people how to reduce risk factors for disabilities and to improve protective factors against those disabilities is important for delaying or preventing disorders.

Local systems of treatment, services, supports

A local management entity (LME) is responsible for leading the local system. This system is partially made up of public entities, private non-profit agencies and private-for-profit firms as well as individual practitioners. This is referred to as the specialty system. It is the LMEs responsibility to make sure that there are enough available and qualified providers so that consumers and families

may choose which ones they want to work with. The system is also made up of naturally occurring community resources that provide opportunities for people with disabilities to fully enjoy community citizenship. These resources include religious, civic and social organizations as well as other public partners. The community resources taken together with the specialty system are referred to as the community system.

All participants in the community system must recognize, accommodate and respect different cultures. Participants must also provide services/supports that are controlled by people with disabilities and their families. They must pay attention to issues that affect consumer experiences with the system. Finally, providers must benefit their communities by being accountable to all citizens.

Implementing the Reform

First, clear direction and policy development were needed. Only then could details of the concepts and principles of reform be addressed and supported as well as understood by various stakeholders such as area programs, county programs, families/consumers and providers. These concepts were spelled out in SFY 02-03.

Some of the major activities this past year were:

- Area programs writing and submitting local business plans.
- Developing a plan for figuring costs in the new system (cost modeling).
- Taking an in-depth look at how consumers will enter and leave the system.
- Revising definitions of services that will be paid for. Changes must reflect models of practice as well as provider qualification and organization. This includes expectations that providers will not pick and choose who they support and serve as well as expectations that they are part of a larger community system and part of the LME provider network.
- Explaining expected provider qualifications and utilization.
- Further identification of target and non-target populations
- Implementing a new information system for paying for and reporting services (the IPRS).
- Beginning to make resources available for increasing community capacity to serve and support people with disabilities in target populations. Along with finance changes at the community level, the Division is continuing to downsize state facilities and to transfer institution-based resources to the community.
- Providing training and education about the goals of reform.

The concept of case management has been clarified. Case management is seen as a service function delivered by providers that includes assessment, planning, linking people to services/supports, coordinating and monitoring on behalf of an individual. Ultimately, case management aims to ensure that a person-centered planning process occurs for each customer and that the services/supports/treatments, formal and informal, specialty and non-specialty, are delivered/acquired according to the plan.

A key element in system reform is to ensure that individuals who fall outside of the target populations are appropriately assessed and effectively linked with alternate community resources to meet their needs. Reform efforts seek to focus limited resources on individuals with the greatest need. However, the system must not, and cannot, lose sight of the need to address transition and long term needs of individuals who will no longer be within the identified target populations.

Also in SFY 02-03, a communication bulletin process was established for communicating updates, details and other information about plan implementation. These bulletins are distributed statewide and are available on the web.

In the upcoming year, reform efforts will concentrate on phasing in the activities needed within a comprehensive public system. Many details must be established and communicated, business or clinical practices changed and rules amended. All of this must be accomplished while ensuring that activities are true to reform and to approved local business plans. Expectations will be flexible when necessary to support community transition needs.

The Division of MH/DD/SAS will maintain and publish an operations plan describing the steps being taken to implement the details of reform. This list will be posted on the DMH/DD/SA web site (http://www.dhhs.state.nc.us/mhddsas/) and periodically updated to include revisions and products completed.

SFY 03/04 1st Quarter (July 1, 2003 Through September 30, 2003)

- Completed cost model implementation plan for LMEs.
- Guidelines for counties on maintaining their fiscal involvement in the public system.
- Distributing a plan for supports and services, provider qualifications and rates pending federal and state approvals.
- A plan for providing supports and services to children.
- Implementing a comprehensive plan for training and education about new supports and services.
- Distributing comprehensive guidelines for provider networks.

SFY 03/04 3rd Quarter (January 1, 2004 Through March 31, 2004)

- Completing SFY 04-05 negotiated performance-based contracts between the Division and LMEs.
- Distributing a plan to address inequities in community funding.
- Implementing a long-term finance strategy.

All aspects of North Carolina's public system of mental health, developmental disabilities and substance abuse services/treatments/supports for people with disabilities are involved in the reform process. All are feeling its impact. By working together - consumers, families, citizens, advocates, local and state management entities and providers - we can achieve our long term goal of a reformed system that provides people with, or at risk of, mental illness, developmental disabilities and substance abuse problems and their families the necessary prevention, intervention, treatment, services and supports they need to live successfully in communities of their choice.

Introduction

State Plan 2003 provides an overview of the continued developments in the North Carolina mental health, developmental disabilities and substance abuse system reform efforts. This is the third annual issue of the State Plan and reflects a great deal of work that has been accomplished to date as well as key developments that will occur in the upcoming state fiscal year.

This version of the State Plan is organized into the following six major chapters:

Chapter 1: Foundation of Reform – This chapter addresses the question *"Why are we reforming the system?"* This includes an overview of public policy considerations and challenges as well as recent national and state policy developments. Building from these policy and historical perspectives is the foundation of our reform efforts – our mission, guiding principles and vision – that addresses the question *"Where are we going?"*

Chapter 2: The Citizens We Support and Serve – This chapter addresses the question *"Who are we to support and serve?"* This chapter includes a description of each of the populations that are to be served by the system with particular attention to people and groups who have been or are at risk of being inadequately supported and served. The term "citizen" is used in this document as a description of all residents of our state.

Chapter 3: Supporting and Serving Our Citizens -- This chapter addresses the question *"What are the supports and services to be provided?"* This chapter presents an overview of supports and services that are considered best practice in relationship to the people the system is to support and serve. This includes a description of the foundation of supporting and serving people – person-centered planning.

Chapter 4: Local Systems Supporting and Serving Our Citizens and Communities – This chapter addresses the question *"How are we to locally carry out the supports and services?"* This chapter provides a description of the key characteristics of the community system, the formal role of the consumer and family advisory committees (CFACs), the responsibilities and functions of the public local management entities (LMEs) and the nature and organization of the support and service provider network.

Chapter 5: State System Supporting and Serving our Citizens and Communities-- This chapter addresses the question *"What is the state's role in supporting the efforts of reform?"* In this chapter a brief overview of the state consumer and family advisory committee (S-CFAC) and the responsibilities and functions of the re-organized Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS) is provided.

Chapter 6: Operationalizing the Plan—This chapter addresses the challenges of managing change and presents an overview of developments to date as well as a broad presentation of developments that will occur during state fiscal year 03/04. This is intended to allow us both an

opportunity to acknowledge the success we have had as well as establishing an understanding of the key planned efforts that we will embark upon in the upcoming year.